

# **Tailoring Gynecologic Cancer Education for Health Care Providers**

## **Appendix B**

### **Focus Group Discussion Guide for Group B**

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(Tailoring Gynecologic Cancer Education for Health Care Providers)**

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0800)

**INSTRUCTIONS:**

**USE THIS DISCUSSION GUIDE FOR FOCUS GROUP B. QUESTIONS THAT ARE NOT RELEVANT SHOULD BE DELETED TO AVOID UNNECESSARY BURDEN TO RESPONDENTS.**

**Aims of information collection:**

Goal: To inform the development of educational materials for health care providers (specifically medical resident in primary care). The educational materials are designed to disseminate key messages developed through CDC's *Inside Knowledge: Get the Facts about Gynecologic Cancer* communications campaign. In a previous focus group (Group A), qualitative information was collected to better understand health care providers' knowledge, behavior, attitudes, and practices related to the 5 main types of gynecologic cancer (cervical, ovarian (including fallopian tube and primary peritoneal cancers), uterine, vaginal, and vulvar cancers), including risks, symptoms, prevention strategies, and basics of clinical management and follow-up. Participants in Focus Group "A" had not been exposed to the educational materials.

Focus Group "B" will be conducted with health care providers who have been exposed to the educational materials. We will look for differences in their knowledge, behavior, attitudes, and practices. We will also ask for suggestions to improve the *Inside Knowledge* educational materials.

**The following are goals of the *Inside Knowledge* campaign with regard to health care provider knowledge and behavior. After receipt of materials, health care providers will:**

- Provide accurate information on signs, symptoms, risk factors, and prevention strategies of gynecologic cancers to their patients
- Consider gynecologic cancers when patients present with certain persistent gastrointestinal and urogynecologic symptoms
- Provide cervical cancer screening consistent with evidence-based recommendations

- Accurately explain to patients why an extended interval for cervical cancer screening may be most appropriate for average risk women
- Provide follow-up care for abnormal cervical cancer screening test results (Pap tests and HPV tests), consistent with evidence-based recommendations
- Encourage HPV vaccination of patients and their children, consistent with evidence-based recommendations
- Not routinely screen average-risk asymptomatic patients for ovarian cancer, even if patients request it. (Note: Routine screening of average risk women for ovarian cancer is not recommended. However, diagnostic testing may warranted for symptomatic women)
- Refer patients suspected of having or already diagnosed with a gynecologic cancer to gynecologic oncologists
- Refer patients at high-risk for developing ovarian or uterine cancer to genetic specialists, consistent with evidence-based recommendations
- Refer patients at high-risk for developing ovarian or uterine cancer to genetic specialists, consistent with evidence-based guidelines

1. I'm going to present a vignette of a hypothetical patient.

**Vignette:** : *A 55 year old woman returns to see you complaining of 6-8 weeks of bloating, abdominal pain, constipation, and fatigue. She initially presented 3 weeks ago with occasional symptoms, and you prescribed stool softeners. Her symptoms have not improved and now occur almost every day.*

**Past Medical History:**

Normal colonoscopy 5 years ago.

Normal Pap test and mammogram 2 years ago.

Hypertension well controlled with lisinopril (Zestril).

**Family History: None**

**Physical Exam Findings:**

BP 138/80.

Abdominal exam: diffuse mild tenderness.

Pelvic exam: tenderness in left adnexa.

Rectal exam: no masses, guaiac negative.

What tests would you recommend for this patient **at this visit**?

2. What cervical cancer screening tests do you advise your patients to get routinely? How frequently do you advise them to be screened? At what age do you advise them to start screening?

3. When would you recommend cervical cancer screening with the Pap test by itself?

4. When would you recommend cervical cancer screening with co-testing (Pap test and HPV test)?

5. Which of the 5 gynecologic cancers (cervical, ovarian, uterine, vaginal or vulvar) do you think have effective screening tests?

6. Do you think there are effective screening tests in the average risk population for ovarian cancer? If so which tests? Tell me about when you test with CA-125? Transvaginal ultrasound (TVU)? Pelvic exam?

7. Can you tell me what some risk factors for uterine cancer are?

8. What cancers do you think the human papillomavirus (HPV) can cause?

9. Can you tell me what some risk factors for ovarian cancer are?

10. For which of your patients would you recommend genetic counseling and testing?

11. I'm going to present another vignette about a hypothetical patient.

*Vignette: A 57-year-old woman complains of mild right lower quadrant pain and bloating for 3 weeks, but no other symptoms. Your pelvic exam reveals a right adnexal mass. You order a pelvic ultrasound.*

**Ultrasound Results:**

10 cm right adnexal mass with solid and cystic components.

Moderate amount of ascites.

Increased vascularity of the solid components of the mass by Doppler.

What would be your next step(s) in caring for this patient?

12. How confident are you in your ability to answer basic questions from your patients about cervical cancer (such as on risk factors, symptoms, screening information)?

13. How confident are you in your ability to answer basic questions from your patients about ovarian cancer (such as on risk factors, symptoms, screening information)?

14. How confident are you in your ability to answer basic questions from your patients about uterine cancer (such as on risk factors, symptoms, screening information)?

15. How confident are you in your ability to answer basic questions from your patients about vaginal and vulvar cancers (such as on risk factors, symptoms, screening information)?

16. How concerned are you, if at all, that providing basic information about gynecologic cancer (such as risk factors, symptoms, screening information) will cause patients unnecessary worry?

17. How concerned are you, if at all, that providing basic information about gynecologic cancer (such as risk factors, symptoms, screening information) will lead to unnecessary tests/procedures?

18. Are you expected to apply evidence-based guidelines for cancer screening in practice by my supervisors?

19. Are you likely to apply evidence-based guidelines for cancer screening in practice?

20. How familiar are you with the cancer-related work of the Centers for Disease Control and Prevention (the CDC)?

21. Do you think the CDC is a credible source of information on gynecologic cancers?

22. Was this the appropriate format for the module?

If no, what format would be preferable?

23. Was this information new to you?
24. Will you be able to use this information in your practice?
25. Do you think the information you've learned will enhance your care to women?
26. What did you like most about this module?
27. Is there anything you would change about this module?
28. What suggestions do you have for improving the module?
29. Was this the right amount of information right for you? Too much? Too little?

***For residency directors/mentors/supervisors only***

30. Will incorporate this module into my curriculum in the future?
31. How easy or difficult will it be for you to permanently incorporate this module into the existing curriculum?

***Health Professional General Information Gathering***

32. Please indicate your gender
33. In which of the following categories does your age fall?
  - 18-24 years of age
  - 25-34 years of age
  - 35-44 years of age
  - 45-54 years of age
  - 55-64 years of age
  - 65-74 years of age
  - 75 years of age or older

34. Please indicate your race and ethnic background.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: SELECT ONE OR MORE.

- White/Caucasian
- Black or African-American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian